

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF OREGON  
CHOOSE ONE DIVISION  
(Select the Division in which the complaint is filed.)

LEA ANN LYNCH

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

United States CONGRES

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

Case No. **3:17-CV 00704 HZ**

(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☐ No  
(check one)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>LEA ANN LYNCH</u>
Street Address	<u>P.O. Box 3195</u>
City and County	<u>Oregon City - Clackamas</u>
State and Zip Code	<u>Oregon 97045</u>
Telephone Number	<u>(818) 679-6464</u>
E-mail Address	<u>lealealynch@gmail.com</u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name	<u>I CAN NOT list every member</u>
Job or Title	<u>of the U.S. Congress</u>
(if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address	
(if known)	

**Defendant No. 2**

Name	
Job or Title	
(if known)	
Street Address	
City and County	

State and Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 (if known)

**Defendant No. 3**

Name \_\_\_\_\_  
 Job or Title \_\_\_\_\_  
 (if known)  
 Street Address \_\_\_\_\_  
 City and County \_\_\_\_\_  
 State and Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 (if known)

**Defendant No. 4**

Name \_\_\_\_\_  
 Job or Title \_\_\_\_\_  
 (if known)  
 Street Address \_\_\_\_\_  
 City and County \_\_\_\_\_  
 State and Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 (if known)

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (*check all that apply*)

☐ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

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**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) LEA ANN LYNN is a citizen of the State of (name) Oregon.

b. If the plaintiff is a corporation

The plaintiff, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) ~~All States in America~~ and has its principal place of business in the State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) U.S. Congress, is a citizen of the State of (name) All U.S. States. Or is a citizen of (foreign nation) \_\_\_\_\_.

## b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_. Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

## 3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

U.S. Congress HAS best health care in America  
let them pay for their own insurance  
1 million from each member.

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

As I stated ~~above~~ Above, And the U.S. tax  
payer for this health care while the U.S. Congress  
take lobbying money from health insurance  
companies while vote Against what the  
American people WANT, Especially people with  
pre-existing health issues

**IV. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I HAVE TO HAVE INSURANCE, BECAUSE OF MY  
HEALTH ISSUES, I'M CURRENTLY ON MEDICAID.  
IF I LOSE MEDICAID I COULD DIE.  
THE U.S. CONGRESS LIVES ARE NOT WORTH  
MORE THAN MINE.

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

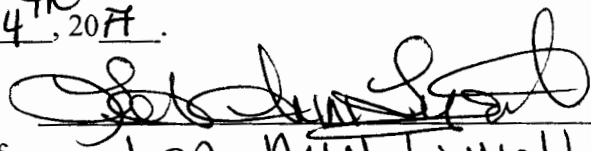
**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: MAY 4<sup>th</sup>, 2017.

Signature of Plaintiff

Printed Name of Plaintiff

  
LEA ANN LYNCH

**B. For Attorneys**

Date of signing: \_\_\_\_\_, 20\_\_\_\_.

Signature of Attorney	_____
Printed Name of Attorney	_____
Bar Number	_____
Name of Law Firm	_____
Address	_____
Telephone Number	_____
E-mail Address	_____